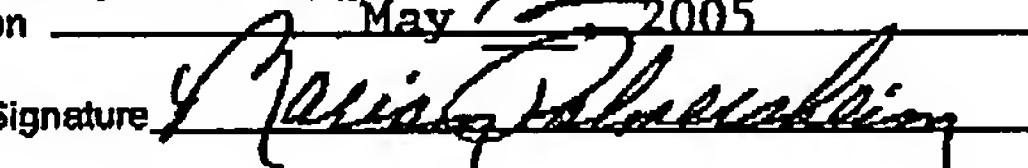
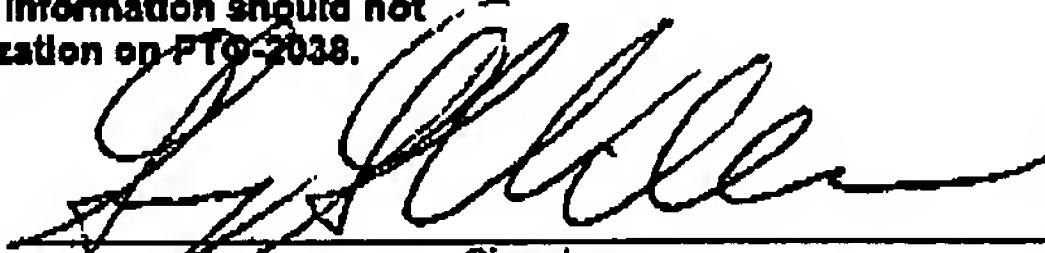


PTO/SB/31 (04-05)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 03B1682						
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Application Number 10/605,557	Filed October 8, 2003							
For ADJUSTABLE TURKEY PAN CALL HOLDER								
Art Unit 3714	Examiner B. Miller							
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.								
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)).		\$ <u>500.00</u>						
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>\$ 250.00</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>19-2260</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p>								
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<p> Signature</p> <p><u>GREGORY G. WILLIAMS</u> Typed or printed name</p> <p><u>319-887-1368</u> Telephone number</p> <p><u>May 13, 2005</u> Date</p>								
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>								
<p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>								

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PAGE 5/6 * RCVD AT 5/13/2005 3:15:28 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/0 * DNIS:8729306 * CSID:319 887 1372 * DURATION (mm:ss):02:32

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DATE: May 13, 2005

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RE: Application No: 10/605,557. Applicant: Ron M. Beam

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Examiner B. Miller

NAME OF FIRM/COMPANY:

USPTO - Group Art Unit 3714

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May 13, 2005, 3:11PM No: SIMMONS, PERRINE-I.C

No. 6275 P. 2/6

Applicant: Ron M. Bean

Filed: October 8, 2003

Art Unit: 3714

Examiner: B. Miller

FOR: ADJUSTABLE TURKEY PAN CALL HOLDER

PTO/SB/87 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

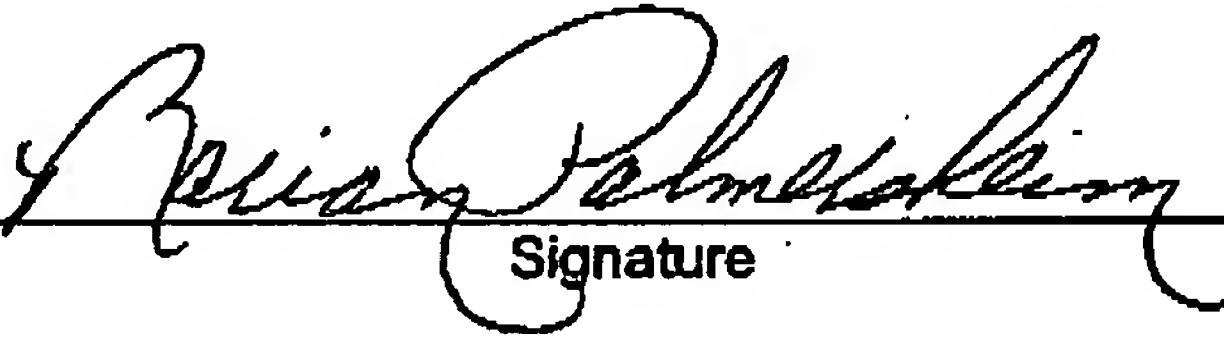
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TRANSMITTAL
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(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number
10/805,557Filing Date
OCTOBER 8, 2003First Named Inventor
RON M. BEANArt Unit
3714Examiner Name
B. MILLERAttorney Docket Number
03B1682

ENCLOSURES (Check all that apply)

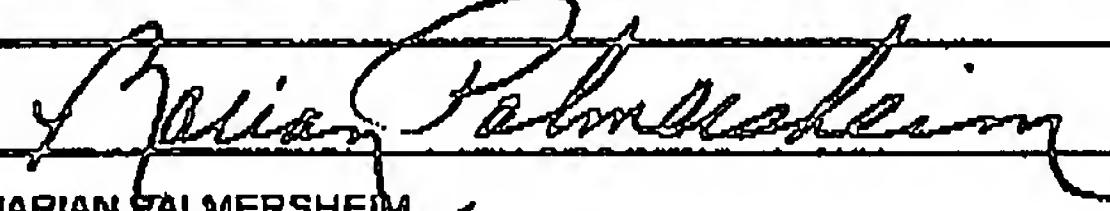
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brif, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	SIMMONS PERRINE ALBRIGHT & ELLWOOD, P.L.C.		
Signature			
Printed name	GREGORY G. WILLIAMS		
Date	MAY 13, 2005	Reg. No.	31,681

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PTO/SB/17 (12-04v2)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

250.00

Complete If Known

Application Number	10/605,557
Filing Date	OCTOBER 8, 2003
First Named Inventor	RON M. BEAN
Examiner Name	B. MILLER
Art Unit	3714
Attorney Docket No.	03B1682

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 19-2260 Deposit Account Name: SIMMONS PERRINE ET AL.

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)	Fee (\$)
- 20 or HP =	x	=	_____	50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	_____	360	180	_____

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3. APPLICATION SIZE FEE

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Other (e.g., late filing surcharge): NOTICE OF APPEAL

Fee Paid (\$)

\$250.00

SUBMITTED BY		Registration No. (Attorney/Agent) 31,681	Telephone 319-887-1368
Signature			Date MAY 13, 2005
Name (Print/Type)	GREGORY G. WILLIAMS		

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